

## **IRIS Water Sampling Lead Analysis Report**

## 1. INTRODUCTION

## 1.1. GENERAL

This report presents the results of our water sampling performed at the site of IRIS, 9611 Iris, Detroit, MI., on May 10th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

## 1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

## 1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Brenda Bradford on April 25<sup>th</sup>, 2016.

## 2. SITE INVESTIGATIONS

## 2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

## 2.2 LABORATORY TESTING

## **2.2.1.** General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.

Results of the tests indicate that the water is below the threshold for lead



contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

## 3. DISCUSSIONS AND RECOMMENDATIONS

## 3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters Field Scientist Monica Starks, CIEC

Principal

Council-certified Indoor Environmental Consultant Board-awarded by the American Council for Accredited Certification



Appendix 1, Lab Results, Chain of Custody



# APPENDIX 1 Laboratory Results and Chain of Custody

17800 Woodward Ave Suite 200 Detroit, MI 48203

## National Testing Laboratories, Ltd

556 South Mansfield, Ypsilanti, MI, 48197-5166 (440) 449-2525, Fax: (440) 449-8585

### **ANALYTICAL REPORTS**

SAMPLE CODE: 354741 5/20/2016

9611 IRIS 48228

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-KC-01-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Any 'Level Detected' marked with an asterisk (\*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

"ND"

This contaminant was not detected at or above our lower reporting limit (LRL)

"NA"

Not Analyzed

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA

Secondary Standards.

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF"

This column indicates the contaminant dilution factor.

Report Notes:

Fed Id # Contaminant	Method Standard Units	LRL	Level Detected	DF Date/Time Sampled	Date Prepped	Date/Time Analyzed
	Inora	anic Analvi	tes - Metals			
1030 Lead	200.8 0.015 mg/L	0.001	ND	1 5/10/2016 07:18	i	5/18/2016

These test results may be used for compliance purpose as required.

Analysi	Tests	
EC	200.8	ĺ

James Abston, Operations Manager

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354742 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-KC-01-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
		Inorganic Anal	ytes - Metals			
1030 Lead	200.8 0.015	mg/L 0.001	ND	1 5/10/2016 07:1	18	5/18/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354743 5/20/2016

Customer: G

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-CBF-02-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Not Analyzed

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Report Notes:

Detected Sampled Prepped Analyzed  Inorganic Analytes - Metals	Fed Id # Conteminant	Method Standar	d Units LRL	Level	DF Date/Time	Date	Date/Time
Inorganic Analytes - Metals				Detected	Sampled	Prepped	Analyzed
Inorganic Analytes - Metals							
			Inorganic Ana	lytes - Metals			

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354744 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-CBF-02-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

Fed ld # Contaminant	Method Standard	Units LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
		Inorganic Ana	lytes - Metals			
1030 Lead	200.8 0.015	mg/L 0.001	ND	1 5/10/2016 07:	18	5/18/2016

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354745 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-BBF-03-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

Fed Id # Contaminant	Method Standard Ur	nits LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
	Inc	rganic Anal	tes - Metals			
1030 Lead	200.8 0.015 mg	/L 0,001	ND	1 5/10/2016 07:1	18	5/18/2016

These test results may be used for compliance purpose as required.

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354746 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

IRIS, DC-01-BBF-03-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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"ND"

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Not Analyzed

"Standard"

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"LRL"

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"DF"

This column indicates the contaminant dilution factor.

Report Notes:

Fed Id # Contaminant	Method Standar	d Units LRL	Level	DF Date/Time	Date	Date/Time
			Detected	Sampled	Prepped	Analyzed
		Inorganic Ana	lytes - Metals			
1030 Lead	200.8 0.015	mg/L 0.001	ND	1 5/10/2016 07:1		5/18/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8

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Page

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# National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

## **General Compliance**

Order Number:

2076912

**Order Date:** 

04/19/2016

Sample Number:

Product:

Lead Only

Sample Pald: No

**Payment Method:** 

Sold To:	ISR: EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks 17800 Woodward Ave		Lab Accounting Information:
Detroit Ave	MI 48203	Payment \$:
		Check #:
Date Sampled : 5 , 10 ,	16	Lab Comments/Special Instructions:
Time Sampled: 7: 18	Please Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: DEST	CST MST PST	
Client Name: TRIS		
Phone Number: 313-9	367-0500	
Fax Number:	***************************************	
PWS ID# (if applicable):	w/r	State Forms:
Sample ID or Source: DC	-01-KC-01-P	
	Well Municipal Surface	Lab Sample Information: MAY 1 0 2016
Other:		Time Received: 13:30
City & State: Defroit	(If Different than Above)	Received By: Made
Sample Collected By:	ntos	Sample receipt criteria checked & acceptable.  Deviations from acceptable sample receipt criteria noted on PSA form.
Sample Collected By:	Signature) LOW SHOWS (Please Print)	·
Form Completed By:	tichail Etrus	
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# **National Testing**Laboratories, Ltd.



1-800-458-3330

## **General Compliance**

**Order Number:** 

Order Date:

2076912

354742

Sample Number:

04/19/2016

Product:

**Lead Only** 

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:\_ Detroit MI 48203 Check #: Lab Comments/Special Instructions: Date Sampled : 5 , 10 , 16 Time Sampled: 7:18 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: DEST CST MST PST Client Name: IRIS Phone Number: 313-867-0500 Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: 1 ) Lab Sample Information Source Type: Spring Date Received: Other: Time Received: City & State: Received By: Sample receipt criteria checked & acceptable. Sample Collected By Deviations from deseptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

# M National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

## **General Compliance**

Order Number:

Order Date:

2076912

04/19/2016

Sample Number:

Product:

Sample Paid: No

Lead Only Payment Method:

For Laboratory Use ONLY	Sold To:	TSR: EF	•
Lab Accounting Information:   Payment \$:	G. S. Group		For Laboratory Use ONLY
Detroit  MI 48203  Payment \$:			Lab Accounting Information:
Date Sampled: 5 10 1		MI 48203	Payment \$:
Time Sampled: 7: 18   Please Use Military Time, e.g. 3.00pm = 15:00   Check Time Zone: DEST CST MST PST   Client Name: TRIS   Phone Number: 313-867-0500   Fax Number:   PWS ID# (if applicable):   State Forms:   Sample ID or Source: DC-01-CBF-02-P   Source Type: Spring Well Municipal Surface   City & State:   State:   City & State:   State:   Client Han Above)   Sample Collected By:   Signature   Sa			Check #:
Check Time Zone: DEST CST MST PST  Client Name: T PTS  Phone Number: 313-867-0500  Fax Number:  PWS ID# (if applicable): State Forms:  Sample ID or Source: DC-01-CBF-02-P  Source Type: Spring Meil Municipal Surface Other:  City & State: Destroy (if different than Above)  Sample Collected By: Signature)  Sample Collected By: Signature  Signature  Sample Collected By: Signature  Signature  Signature  Signature  Signature  Sample Collected By: Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Source Type: Spring May 1 0 2016  Time Received: May 1 0 2016  Time Received: Destroy  Sample receipt criteria noted on PSA form.			Lab Comments/Special instructions:
Client Name: TRTS  Phone Number: 313-867-0500  Fax Number:  PWS ID# (if applicable):  Sample ID or Source: DC-01-CBF-02-P  Source Type: Spring Well Municipal Surface Other:  City & State: Date: (if Different then above)  Sample Collected By: (if Different then above)  Sample Collected By: (Signature)  Sample Collected By: (Signature)  Sample Collected By: (Signature)  Form Completed By: (Please Print)  Form Completed By: (Please Print)  Additional Qomments:			
Phone Number: 313-867-0500  Fax Number:  PWS ID# (if applicable):  Sample ID or Source: DC-01-CBF-02-P  Source Type: Spring Well Municipal Surface  Other:  City & State: Decree: (if Different than above)  Sample Collected By: Signature)  Sample Collected By: Signature  Form Completed By: (Please Print)  Form Completed By: (Please Print)  Additional Qomments:	Check Time Zone: DEST C	ST MST PST	
Fax Number:  PWS ID# (if applicable):  Sample ID or Source: DC OL CB C D Z P  Source Type: Spring Well Municipal Surface  Other:  City & State: Detrut (if Different than Above)  Sample Collected By:  Sample Collected By:  (Signature)  Sample Collected By:  (Please Print)  Form Completed By:  (Please Print)  Additional Gomments:	Client Name: <u>TRIS</u>		
State Forms:  Lab Sample Information: Date Received: MAY 1 0 2016  Time Received: 15:30  Received By: Sample receipt critical checked & acceptable. Deviations from acceptable sample receipt criteria noted on PSA form.  Sample Collected By: (Please Print)  Form Completed By: (Please Print)  Additional Gomments:	Phone Number: 313-8	167-0500	
Sample ID or Source: DC-OI-CBF-OZ-P  Source Type: Spring Mell Municipal Surface Other:  City & State: Sample Information: Date Received: MAY 1 0 2016  Time Received: 13:30  Received By: Sample receipt criteria cheked & acceptable. Deviations from acceptable sample receipt criteria noted on PSA form.  Form Completed By: Higher British  Additional Gomments:	Fax Number:		
Source Type: Spring Municipal Surface Other:  City & State: Decreation (If Different than Above)  Sample Collected By: Sample receipt criteria checked & acceptable.  Sample Collected By: Sample receipt criteria noted on PSA form.  Form Completed By: Characteristic contents of the collected By: Completed By: C	PWS ID# (if applicable):	W/h	State Forms:
Source Type: Spring Municipal Surface  Other:  City & State: State: Sample Collected By: Samp	Sample ID or Source: DC-	01-CBF-02-P	Lab Campia Information
City & State: Decree (III Different than Above)  Sample Collected By: Sample receipt criteria checked & acceptable.  Deviations from acceptable sample receipt criteria noted on PSA form.  Form Completed By: (Please Print)  Additional Comments:		Well Municipal Surface	
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	Form Completed By:	ichan Etrus	
	,		
	Additional Comments:  3 Ucastions S First draw.	ampled at this day	years. This is location It?

# M National Testing Laboratories, Ltd.



1-800-458-3330

## **General Compliance**

Order Number: Order Date:

2076912 04/19/2016

354744

Sample Number:

Product:

Sample Paid: No

TSR: EF

Lead Only	
Payment Method:	

Sold To:		
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave		Payment \$:
Detroit	MI 48203	Check #:
		Check #.
Date Sampled : 5 , 10 , 1 \$		Lab Comments/Special Instructions:
Time Sampled: 7:16 Please	Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: □EST □ CST □ I	MST TPST	
Client Name: TRIS		
Phone Number: 313-867-	· 0500	
Fax Number:		
PWS ID# (if applicable):	NA	State Forms:
Sample ID or Source: Dc- Ol-	CBF-02-F	Lab Sample Information:
Source Type: Spring Well	Municipal   Surface	Date Received: // MAY 1 0 2016
Other:	الما الما الما	1/ 10 0
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# Mational Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

## **General Compliance**

Order Number:

2076912

Order Date:

04/19/2016

Sample Number:

354/45 MINISTRATION

Product:

**Lead Only** 

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:\_ Detroit MI 48203 Check #:\_ Lab Comments/Special Instructions: Date Sampled : 5 / 10 / 16 Time Sampled: 7: 18 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: DEST CST MST PST Client Name: TRIS Phone Number: 313-867-0500 Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: UC-OI-BBF-03 Lab Sample Informatio MAY 1 0 2016 Source Type: Spring Well **Date Received:** Other: Time Received: City & State: Received By: Sample receipt criteria checked & acceptable. Sample Collected By Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

# National Testing Laboratories, Ltd.



1-800-458-3330

## **General Compliance**

Order Number:

Order Date:

Sample Paid: No

2076912

04/19/2016

354746

Sample Number:

Product:

Lead Only

	Sample Paid: No	Payment Method:
Sold To:	TSR: EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks		
17800 Woodward Ave		Lab Accounting Information:
Detroit	MI 48203	Payment \$:
		Check #:
Date Sampled : 5 , 10 , 1	<b>&amp;</b>	Lab Comments/Special Instructions:
Time Sampled: 7 : 18	Please Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: DEST C	ST MST PST	Service Control of the Control of th
Client Name: TRIS		
Phone Number: 313-8	67-0500	
Fax Number:		
PWS ID# (if applicable):	W/h	State Forms:
Sample ID or Source:	-01-BBF-03-F	
	Well Municipal Surface	Lab Sample Information: MAY 1 0 2016
Other:	2 manufal [ Cunidos	Date Received: 1 7 2010
771平	<b>X</b> /-	Time Received: 16:30
City & State: Bethou	1 111	Received By: UNALAX
(II)	Different than Above)	
Sample Collected By:	WIDE	Sample receipt criteria che ked & acceptable.
***************************************	(Signature)	Deviations from acceptable sample receipt criteria noted on PSA form.
Sample Collected By: M	chal Bitzos	
Form Completed By: 1	(Please Print) Chau Etws	
dditional Comments:	1 -41-16	
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